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New technology and illness self-management: Is the approach relevant for resource-poor populations?

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Advances in technology have made it possible for many standard diagnostic and monitoring procedures, previously the preserve of qualified providers in medical facilities, to be undertaken by patients or carers in their own homes. The results can then be available over the internet for review, assessment and possibly timely response by service providers. It is suggested that this approach can both improve patient quality of life, by reducing the need for facility visits, and possibly quality of care, by engaging patients in the active management of their condition, for example encouraging lifestyle changes (McDermott and While 2013). It is also seen by many developed economies with aging population as a way to reduce the ever rising cost of providing medical care (Lindberg et al., 2013).

It has been suggested (van Olsen, 2011) that self-management, supported by expert networks and mobile technology, could greatly improve the treatment of many millions of patients in low and middle income economies that are confronting the cost implications of epidemiological and demographic transitions, combined with the higher expectations of a more knowledgeable population. There is limited evidence that e-Health interventions, for example in the areas of MNCH, malaria and HIV/AIDS (Free et al., 2013) can have a positive impact in resource-poor contexts. The paper aims explore the extent to which further investment in technology could support a more effective and affordable health sector strategy in some developing economies. Initial findings indicate that the effectiveness of the approach might be highly dependent on the specific health conditions addressed, characteristics of the targeted population and general socio-economic and cultural context.

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